



**Centre for
Health &
Social
Practice**

CITY
CAMPUS

Waikato Institute of
Technology
Private Bag 3036
Waikato Mail Centre
Hamilton 3240
New Zealand

Tel:
Fax:
Email :
Website

+ 64 7 834 8800 ext 7628
+ 64 7 858 0204
Info@wintec.ac.nz
www.wintec.ac.nz

PROFESSIONAL INDEMNITY INSURANCE

SMEAR TAKERS CERTIFICATION COURSE

Please return with your enrolment application

Full name: _____

Address: _____

Home phone no: _____

Work place: _____

Work place address: _____

Work phone no: _____

Health qualifications and year achieved i.e. Nursing or other, please state):

Do you have professional Indemnity Insurance?

NZNO Member _____

Other _____

Please briefly identify:

1 The priority group/s of women to whom you are able to offer your service?

2 Geographical area/district covered?

3. What clinical experience have you had to date in the taking of a cervical smear? (estimate numbers/over what period of time)

4. What arrangements have you made for the practical supervision of your smear taking during your training period?
